

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18423

State File No.

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
421 N. College Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO.
(Specify whether
In this community 30 Yrs.
years, months or days)

3. (a) PRINT

FULL NAME William Harrison Hale

3. (b) If veteran, name war

No.

3. (c) Social Security

No. 491-07-5998

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Mrs Nell Walker Hale

6. (c) Age of husband or wife if

alive 62 years

7. Birth date of deceased

Sept

(Month)

23

(Day)

1879

(Year)

8. AGE:

Years

Months

Days

If less than one day

64

9

6

hr.

min.

9. Birthplace

Richmond

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Ins. & Real Estate Agent

11. Industry or business

12. Name W. S. Hale

13. Birthplace Richmond

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name Octavia Jackson

Glasgow.

Mo.

(State or foreign country)

16. (a) Informant Mrs. Harry Hale

(b) Address 421 N. College, Warrensburg,

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5-31-44

(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) May 30 1944

(Date received local registrar)

(b) Leola M. Williams

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 421 N. College Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb 20
1944 to May 29 1944

that I last saw him alive on May 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial asthma

Duration

3 mo

Due to Chronic Endocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature H. H. Kneff (M. D. or other) D.O.
Address Warrensburg, Mo. Date signed 5-30-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001

MAY 15 1946

MAY 8 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Earl Priest*.....

Licensed Embalmer No. 3878.....

P. O. Address..... *Warrensburg, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.